



HEALTH POLICY COMMISSION

Bulletin HPC-RPO-2014-01

Registration of Provider Organizations Data Submission Manual Issued July 23, 2014

To: Provider Organizations subject to 958 CMR 6.00

From: Health Policy Commission

Date: July 23, 2014

Re: Registration of Provider Organizations Data Submission Manual

I. Background

Provider Organizations that are required to register with the Health Policy Commission (Commission) under 958 CMR 6.00, *Registration of Provider Organizations*, (RPO Program) as of July 18, 2014 must complete the *Initial Registration: Part 1 (IR: Part 1)* process by **Friday, November 14, 2014 at 5:00pm**. Provider Organizations that subsequently become subject to 958 CMR 6.00 must register as specified in 958 CMR 6.05(2). This Data Submission Manual (DSM) provides the specifications for registration that Provider Organizations must follow.¹ In *IR: Part 1*, Provider Organizations will submit general information about themselves, their Corporate Affiliations and their Contracting Affiliations. For definitions of Corporate and Contracting Affiliations, please refer to 958 CMR 6.00 and the informational memo, *Registration of Provider Organizations Program: Helpful Information*, available on the Commission's [website](#).

The remainder of the DSM outlines which organizations are required to register in the first registration cycle of the RPO Program pursuant to 958 CMR 6.00, what information must be submitted, and what training opportunities will be available prior to and during the registration period.

II. Applicability

Market participants must determine if they meet the criteria for registration in the RPO Program. In order to determine whether registration in accordance with the DSM is required, organizations should answer the following three questions.

¹ For the regulatory definitions of terms used in this document, please see 958 CMR 6.00, *Registration of Provider Organizations*, available on the Commission's [website](#).

1. Does the organization meet the regulatory definition of a Provider Organization, as specified in 958 CMR 6.02?
2. Does the Provider Organization meet at least one of the registration thresholds in 958 CMR 6.03 and 6.04?
3. Is the Provider Organization's type of organization specified in 958 CMR 6.05(2)(a)?

Question 1: Does the organization meet the regulatory definition of a Provider Organization, as specified in 958 CMR 6.02?

A Provider Organization—which is used interchangeably with the term “Health System” or “System”—is defined in 958 CMR 6.02 as:

*Any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care delivery or management, whether incorporated or not **that represents one or more Health Care Providers in contracting with Carriers or Third-Party Administrators for the payment of Health Care Services**; provided that the definition shall include, but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, Provider networks, accountable care organizations, and any other organization **that contracts with Carriers or Third-Party Administrators for payment for Health Care Services***

All entities that negotiate, represent, or otherwise act on behalf of one or more entities, which may include itself, in establishing contracts for the payment of Health Care Services with Carriers or Third Party Administrators (TPAs) are considered Provider Organizations.

Question 2: Does the Provider Organization meet at least one of the registration thresholds in 958 CMR 6.03 and 6.04?

Once an entity has determined that it meets the regulatory definition of a Provider Organization, it must then determine whether it meets one of the registration thresholds described in 958 CMR 6.03 and 6.04. The first threshold (Registration Threshold 1) is based on a Provider Organization's size, as determined by its Net Patient Service Revenue (NPSR) and Patient Panel. The second threshold (Registration Threshold 2) is triggered if an organization is considered a Risk-Bearing Provider Organization (RBPO) by the Division of Insurance (Division) pursuant to [M.G.L. c. 176T](#) (including those entities subject to either risk certificate or risk certificate waiver processes).

A Provider Organization only has to meet one of the thresholds to trigger the registration requirement.

Registration Threshold 1: The Provider Organization negotiates, represents or otherwise acts on behalf of one or more Providers or Provider Organizations in establishing contracts that collectively:

1. Received \$25,000,000 or more in NPSR in the prior Fiscal Year; AND
2. Had a Patient Panel of more than 15,000 patients as of the end of the Provider Organization's prior Fiscal Year²

² Provider Organizations should reference the definitions of Net Patient Service Revenue and Patient Panel included in 958 CMR 6.00.

When calculating its NPSR, the Provider Organization should include NPSR received from Carriers and TPAs by: **a)** itself; **b)** its corporate affiliate(s) on whose behalf it establishes contracts; and **c)** its contracting affiliates. The NPSR of corporate affiliates on whose behalf the Provider Organization does not contract should not be included in this calculation. Additionally, Provider Organizations must include the total NPSR for its affiliates – not solely the revenue associated with the contracts it established.

In calculating Patient Panel, the Provider Organization should sum the patients seen by the same three groups (a-c) listed above. The Patient Panel of corporate affiliates on whose behalf the Provider Organization does not contract should not be included in this calculation.

If a Provider Organization meets the NPSR threshold but does not meet the Patient Panel threshold and does not meet Registration Threshold 2, described below, the Provider Organization must submit documentation to the Commission demonstrating that it does not meet the Patient Panel threshold and is therefore not required to register. If a Provider Organization believes it may fall under this exemption, it should submit substantiating materials to HPC-RPO@state.ma.us.

Registration Threshold 2: The Provider Organization is considered a Risk-Bearing Provider Organization by the Massachusetts Division of Insurance.

Provider Organizations that do not meet Registration Threshold 1 are still required to register with the Commission if they are considered RBPOs by the Division as specified in M.G.L. c. 176T. All RBPOs subject to M.G.L. c. 176T or any regulation promulgated thereunder are required to register, regardless of whether they receive a risk certificate, a risk certificate waiver, or a transitional period waiver from the Division.

A Provider Organization that does not meet either registration threshold is not required to register with the Commission.

Question 3: Is the Provider Organization's type of organization specified in 958 CMR 6.05(2)(a)?

In the first year of the RPO Program, the Commission has limited the types of Provider Organizations that must register to those that meet Registration Threshold 1 and represent at least one hospital (acute, long term acute care, or rehabilitation), physician group, or inpatient or outpatient behavioral health provider in contracting with Carriers or TPAs. **This DSM is therefore only applicable to such organizations, provided however, that a Provider Organization that meets Registration Threshold 2 (i.e., the Provider Organization is an RBPO) is required to register in the first year of the program, regardless of its type of organization.**

Provider Organizations that are not included in the first registration cycle may voluntarily file an application for registration.

III. Registration Exemptions and Abbreviated Filings

Provider Organizations that meet the applicability criteria in Section II are required to register with the Commission in the first year of the RPO Program. However, in some cases, the Provider Organization's responsibility to register may be partially or fully met through the registration of another Provider

Organization, such as when the Provider Organization in question is also the corporate affiliate or the contracting affiliate of another registering Provider Organization.

Provider Organization & Corporate Affiliate: No Registration Required

If a Provider Organization meets the criteria for registration and is also the subsidiary of another registering Provider Organization, the Provider Organization in question does not have to submit any application materials to the Commission directly.

Provider Organization & Contracting Affiliate: Abbreviated Application Required

If a Provider Organization meets the criteria for registration and is also the contracting affiliate of another registering Provider Organization, the Provider Organization in question may fulfill its requirement to register by submitting an abbreviated application to the Commission.

Abbreviated Applications

If a Provider Organization believes it is qualified to file an abbreviated application, it will state this in the Background Information File: Part 1. The *IR: Part 1* materials are identical for Provider Organizations that are submitting full applications and those that are submitting abbreviated applications. The *IR: Part 2* materials will be appropriately tailored for those Provider Organizations that are filing abbreviated applications. Detailed specifications for abbreviated applications will be released in future updates to this DSM, along with all of the *IR: Part 2* data specifications.

IV. Initial Registration: Part 1 Information Files

The *IR: Part 1* materials have been organized into four files. This section describes the information that Provider Organizations will submit for each file in *IR: Part 1*. Additional information in each file will be required in *IR: Part 2*.

Initial Registration: Part 1

1. Background Information File: Part 1
2. Corporate Affiliations File: Part 1
3. Contracting Affiliations File: Part 1
4. Forms & Supporting Documentation File: Part 1

The Background Information File: Part 1 asks for broad information about the Provider Organization, including its name, address and contact information, as well as the contact information for the individual who will serve as the Primary Reporter for the registration program. The Primary Reporter will be the individual who receives all communication from the Commission about the status of the Provider Organization's application for registration. This individual will also be responsible for entering and submitting the required information into the online application in *IR: Part 2*.

The Background Information File: Part 1 also asks for the Provider Organization's Employer Identification Number (EIN, also known as its Tax Identification Number (TIN) or Federal Employer Identification Number (FEIN)) and its National Provider Identifier (NPI), if applicable. This information will be used to link the information submitted through the registration program to other databases in the Commonwealth. The Background Information File: Part 1 also asks for the name of the Provider Organization's corporate parent, if applicable, its tax status, and a description of the organization and the services it provides. Finally, the Background Information File: Part 1 asks the Provider Organization to

identify which of the registration thresholds it meets and whether it intends to file an abbreviated application.

To complete the Corporate Affiliations File: Part 1, the Provider Organization will submit two different documents. The first document is a corporate organizational chart depicting all of the entities in which it has an ownership or controlling interest, whether directly or indirectly. These entities are the Provider Organization's corporate affiliates. Corporate affiliates include clinical entities (e.g., hospitals, clinics) as well as non-clinical entities (e.g., medical malpractice companies, real estate holdings), both categories of which must be depicted on the corporate organizational chart. The chart will also depict the Provider Organization's corporate parent(s), if applicable.

In addition to the corporate organizational chart, Provider Organizations will submit a document that lists each of its corporate affiliates, including each entity's name, EIN, and whether the Provider Organization contracts on behalf of the corporate affiliate. Every entity that appears on the corporate organizational chart must appear in the list of corporate affiliates, and vice versa.

In the Contracting Affiliations File: Part 1, the Provider Organization will list each of the organizations on whose behalf it negotiates, represents, or otherwise acts to establish contracts with Carriers or TPAs, except corporate affiliates. The Provider Organization should list only those entities in which it has no ownership or controlling interest; there should be no overlap in the list of corporate affiliates and contracting affiliates. The Provider Organization will provide the name and EIN for each of its contracting affiliates in Part 1.

The Forms & Supporting Documentation File: Part 1 includes an affidavit of truthfulness certifying the application materials. This document must be signed by two duly authorized representatives of the Provider Organization, one of which must be the Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), or equivalent.

V. Data Submission: General Instructions

All Provider Organizations that meet the criteria for registration as of July 18, 2014 must complete the *IR: Part 1* files as described in this DSM. This includes the Background Information File, the Corporate Affiliations File, the Contracting Affiliations File, and the Forms & Supporting Documentation File. All files, with the exception of the Corporate Organizational Chart, must be submitted using the Commission-issued templates. These templates are available on the Commission's [website](#). Specific instructions on each required information file are described below.

Provider Organizations shall submit their completed materials to the Commission via e-mail to HPC-RPO@state.ma.us. Provider Organizations should use the subject line, "Initial Registration: Part 1 Submission: [Provider Organization Name]." All required materials must be sent in a single e-mail, and must be received by the Commission no later than **Friday, November 14, 2014 at 5:00pm EDT**.

Questions about the application materials or process should be directed to HPC-RPO@state.ma.us.

Please note that any information submitted to the Commission pursuant to M.G.L. c. 6D, § 11 and 958 CMR 6.00 in connection with the Registration of Provider Organizations program is subject to the public records law, M.G.L. c. 66, § 10 and M.G.L. c. 4, § 7.

A. Background Information File: Part 1

Provider Organizations will complete the Background Information File: Part 1 (Microsoft Excel template) issued by the Commission by either typing the correct information into the appropriate cell or selecting the correct information from a drop-down list in the appropriate cell. If a cell has options listed in a drop-down list, the Provider Organization will not be able to enter its own data into these cells; it must select an option from the list provided. If a Provider Organization attempts to enter data into a cell with a drop-down list, it will receive the following error message: “The value you entered is not valid. A user has restricted values that can be entered into this cell.” Cells that have drop-down lists can be identified by a grey arrow that appears in the lower right hand corner of the cell when the user clicks on the cell. Provider Organizations should not alter the cell formatting in the template.

If a question does not apply to the Provider Organization, the Provider Organization should enter “N/A.”

After a Provider Organization has completed all of the fields in the Background Information file, it should save the file with the following name: “Background Information File_Part 1_[Provider Organization Name].”

Background Information File: Part 1							
Record Type	Submission Element	Data Element Name	Type	Format	Max Length	Required	Element Submission Guideline
RPO-BAC	RPO-01	Legal Name of Registering Provider Organization	Text	Free Text Comment	100	Yes	Enter the legal name of the Registering Provider Organization.
RPO-BAC	RPO-02	Doing Business As (D/B/A) Name of Registering Provider Organization	Text	Free Text Comment	100	No	Enter the D/B/A name of the Registering Provider Organization, if any.
RPO-BAC	RPO-03	Address Line 1	Text	Free Text Comment	100	Yes	Enter Line 1 of the primary business address for the Registering Provider Organization.
RPO-BAC	RPO-04	Address Line 2	Text	Free Text Comment	100	No	Enter Line 2 of the primary business address for the Registering Provider Organization.
RPO-BAC	RPO-05	Address Line 3	Text	Free Text Comment	100	No	Enter Line 3 of the primary business address for the Registering Provider Organization.
RPO-BAC	RPO-06	City	Text	Free Text Comment	25	Yes	Enter the city of the primary business address for the Registering Provider

Background Information File: Part 1

Record Type	Submission Element	Data Element Name	Type	Format	Max Length	Required	Element Submission Guideline
							Organization.
RPO-BAC	RPO-07	State	Text	Free Text Comment	2	Yes	Enter the state of the primary business address for the Registering Provider Organization. MA will be prepopulated, but can be edited.
RPO-BAC	RPO-08	Zip Code	Integer	#####	5	Yes	Enter the 5-digit zip code of the primary business address for the Registering Provider Organization.
RPO-BAC	RPO-09	Zip + 4 Code	Integer	####	4	Yes	Enter the zip + 4 code of the primary business address for the Registering Provider Organization.
RPO-BAC	RPO-10	Phone Number	Integer	###-###-####	12	Yes	Enter the primary business phone number for the Registering Provider Organization.
RPO-BAC	RPO-11	Web Address	Text	Free Text Comment	100	No	Enter the web address for the Registering Provider Organization.
RPO-BAC	RPO-12	Primary Reporter Last Name	Text	Free Text Comment	30	Yes	Enter the last name of the Primary Reporter. This is the individual who will be responsible for submitting the application for registration and who will receive all communications, including filing instructions and application status alerts, from the Commission.
RPO-BAC	RPO-13	Primary Reporter First Name	Text	Free Text Comment	30	Yes	Enter the first name of the Primary Reporter.
RPO-BAC	RPO-14	Primary Reporter Middle Initial	Text	X	1	No	Enter the middle initial of the Primary Reporter.
RPO-BAC	RPO-15	Primary Reporter Address Line 1	Text	Free Text Comment	100	Yes	Enter Line 1 of the primary physical address (work location) for the Reporter.
RPO-BAC	RPO-16	Primary Reporter Address Line 2	Text	Free Text Comment	100	No	Enter Line 2 of the primary physical address for the Reporter.

Background Information File: Part 1							
Record Type	Submission Element	Data Element Name	Type	Format	Max Length	Required	Element Submission Guideline
RPO-BAC	RPO-17	Primary Reporter Address Line 3	Text	Free Text Comment	100	No	Enter Line 3 of the primary physical business address for the Reporter.
RPO-BAC	RPO-18	Primary Reporter City	Text	Free Text Comment	25	Yes	Enter the city of the primary physical business address for the Reporter.
RPO-BAC	RPO-19	Primary Reporter State	Text	Free Text Comment	2	Yes	Enter the state of the primary physical business address for the Reporter. MA will be prepopulated, but can be edited.
RPO-BAC	RPO-20	Primary Reporter Zip Code	Integer	#####	5	Yes	Enter the 5-digit zip code of the primary physical business address for the Reporter.
RPO-BAC	RPO-21	Primary Reporter Zip + 4 Code	Integer	####	4	Yes	Enter the zip + 4 code of the primary business address for the Reporter.
RPO-BAC	RPO-22	Primary Reporter Phone Number	Integer	###-###-####	12	Yes	Enter the primary business phone number for the Reporter.
RPO-BAC	RPO-23	Primary Reporter Phone Number Extension	Integer	Unknown	6	No	Enter the primary business phone number extension for the Reporter, if applicable.
RPO-BAC	RPO-24	Primary Reporter E-mail Address	Text	Free Text Comment	50	Yes	Enter the primary business e-mail address for the Reporter.
RPO-BAC	RPO-25	Registering Provider Employer Identification Number (EIN)	Integer	##-#####	10	Yes	Enter the 9-digit Employer Identification Number (EIN) for the Registering Provider Organization. This number is also known as a Federal Employer Identification Number (FEIN) or Tax Identification Number (TIN).
RPO-BAC	RPO-26	Registering Provider Organization Tax Status	Checkbox	Single Answer	N/A	Yes	Select the option that best characterizes the Registering Provider Organization's tax status. Nonprofit

Background Information File: Part 1

Record Type	Submission Element	Data Element Name	Type	Format	Max Length	Required	Element Submission Guideline
							For-profit
RPO-BAC	RPO-27	Registering Provider Organization National Provider Identifier (NPI)	Integer	#####	10	No	Enter the 10-digit NPI for the Registering Provider Organization, if applicable.
RPO-BAC	RPO-28	Registering Provider Organization's Corporate Parent(s)	Text	Free Text Comment	100	No	Enter the legal name of the Registering Provider Organization's Corporate Parent, if any. If multiple, enter all names.
RPO-BAC	RPO-29	Description of Registering Provider Organization	Text	Free Text Comment	6,000	Yes	Briefly describe the Registering Provider Organization and the types of services it provides.
RPO-BAC	RPO-30	Registration Threshold: Net Patient Service Revenue	Checkbox	Single Answer	N/A	Yes	Question text reads: Does your organization negotiate, represent or otherwise act on behalf of one or more Providers or Provider Organizations, which may include your organization, that collectively received \$25,000,000 or more in NPSR from Carriers or TPAs in the prior Fiscal Year? Yes No
RPO-BAC	RPO-31	Registration Threshold: Patient Panel	Checkbox	Single Answer	N/A	Yes	Question text reads: Does your organization negotiate, represent or otherwise act on behalf of one or more Providers or Provider Organizations, which may include your organization, that collectively had a Patient Panel of more than 15,000 as of the end of the Provider Organization's prior Fiscal Year?

Background Information File: Part 1							
Record Type	Submission Element	Data Element Name	Type	Format	Max Length	Required	Element Submission Guideline
							Yes No
RPO-BAC	RPO-32	Registration Threshold: Risk-Bearing Provider Organization	Checkbox	Single Answer	N/A	Yes	Question text reads: Is your organization required to obtain a risk certificate or risk certificate waiver from the Division of Insurance, or do you negotiate, represent or otherwise act to establish contracts on behalf of one or more organizations that is required to obtain a risk certificate or risk certificate waiver? Yes No
RPO-BAC	RPO-33	Intent to File Abbreviated Application	Checkbox	Single Answer	N/A	Yes	Question text reads: If you are a Provider Organization and a contracting affiliate of another registering Provider Organization, do you intend to file an abbreviated application for registration in <i>IR: Part 2</i> , as allowed under 958 CMR 6.03? Yes No
RPO-BAC	RPO-34	Abbreviated Application: Legal Name of Provider Organization	Text	Free Text Comment	100	No	If you answered Yes in Submission Element RPO-33, enter the legal name of the Registering Provider Organization that contracts on your behalf whose application will supplement your abbreviated application.
RPO-BAC	RPO-35	Abbreviated	Checkbox	Single Answer	N/A	No	If you answered Yes in Submission

Background Information File: Part 1

Record Type	Submission Element	Data Element Name	Type	Format	Max Length	Required	Element Submission Guideline
		Application: Blue Cross Blue Shield					<p>Element RPO-33, do you negotiate at least one contract with Blue Cross Blue Shield of Massachusetts?</p> <p>Yes No N/A</p>
RPO-BAC	RPO-36	Abbreviated Application: Harvard Pilgrim Health Care	Checkbox	Single Answer	N/A	No	<p>If you answered Yes in Submission Element RPO-33, do you negotiate at least one contract with Harvard Pilgrim Health Care?</p> <p>Yes No N/A</p>
RPO-BAC	RPO-37	Abbreviated Application: Tufts Health Plan	Checkbox	Single Answer	N/A	No	<p>If you answered Yes in Submission Element RPO-33, do you negotiate at least one contract with Tufts Health Plan?</p> <p>Yes No N/A</p>
RPO-BAC	RPO-38	Abbreviated Application: Health New England	Checkbox	Single Answer	N/A	No	<p>If you answered Yes in Submission Element RPO-33, do you negotiate at least one contract with Health New England?</p> <p>Yes No N/A</p>

B. Corporate Affiliations File: Part 1

B1: Corporate Organizational Chart: Part 1

The Registering Provider Organization must submit a full corporate organizational chart to the Commission. The corporate organizational chart must adhere to the following guidelines:

1. The organizational chart must be updated to be accurate as of the day of filing.
2. The organizational chart must show all entities (clinical or non-clinical) that are owned (wholly or partially) or controlled by the Registering Provider Organization.
3. The organizational chart must depict the Registering Provider Organization's parent company(s), if any. *For example, a wholly-owned physician organization will not depict a parent company; a large for-profit health care system with a corporate holding company as a parent will depict that entity.*
4. Each entity must be depicted separately from each other entity such that its relationship to other corporate entities can be clearly understood.
5. If a subsidiary of the Registering Provider Organization depicted on the chart has its own Corporate Affiliations, those relationships and organizations must also be depicted.
6. If an organization is unable to fully depict its affiliates on a single chart, separate charts may be submitted, provided that the relationship between all entities is clear.
7. The organizational chart must depict the level of ownership of each subsidiary, if the level is less than 100%. *For example, where the Registering Provider Organization has partial ownership in a joint venture (clinical or non-clinical), the percent ownership/control must be indicated.*
8. The organizational chart must distinguish between clinical and non-clinical entities. *For example, clinical and non-clinical entities may be differentiated using a separate color or shape.*
9. The organizational chart must include a key or legend.
10. The organizational chart may be produced in any software (e.g., PowerPoint, Word, Visio), but must be submitted as a .PDF file.

The Registering Provider Organization will save the organizational chart using the File Name: "Corporate Organizational Chart_Part 1_[Provider Organization Name]."

B2: Corporate Affiliations File: Part 1

The Provider Organization shall submit the Commission-issued Corporate Affiliations File (Microsoft Excel template) by listing each of the entities it owns or controls, whether partially or completely, as well as each entity's Employer Identification Number. All entities that appear on the Provider Organization's Corporate Organizational Chart should be listed in the Corporate Affiliation template. The Provider Organization will also indicate whether it negotiates, represents or otherwise acts on the corporate affiliate's behalf to establish contracts with Carriers or TPAs.

If a question does not apply to the corporate affiliate, the Provider Organization should enter "N/A."

Corporate Affiliations File: Part 1							
Record Type	Submission Element	Data Element Name	Type	Format	Max Length	Required	Element Submission Guideline
RPO-COR	RPO-39	Legal Name of Corporate Affiliate	Text	Free Text Comment	100	Yes	Enter the legal name of the corporate affiliate.
RPO-COR	RPO-40	Doing Business As (D/B/A) Name of Corporate Affiliate	Text	Free Text Comment	100	No	Enter the D/B/A name of the corporate affiliate, if any.
RPO-COR	RPO-41	Corporate Affiliate Employer Identification Number (EIN)	Integer	##-#####	10	Yes	Enter the 9-digit Employer Identification Number (EIN) for the corporate affiliate.
RPO-COR	RPO-42	Contracting Affiliation Status	Checkbox	Single Answer	N/A	Yes	Does the Provider Organization negotiate, represent or otherwise act to establish contracts for the payment of health care services with Carriers or TPAs on behalf of the corporate affiliate? Yes No

After a Provider Organization has completed all of the fields in the Corporate Affiliations File: Part 1 template, it should save the file with the following name: "Corporate Affiliations File_Part 1_[Provider Organization Name]."

C. Contracting Affiliations File: Part 1

The Registering Provider Organization must complete the HPC-issued Contracting Affiliations File: Part 1 (Microsoft Excel template) listing each of its contracting affiliates. This list should not include the corporate affiliates on whose behalf the Provider Organization negotiates, represents or otherwise acts to establish contracts for health care services with Carriers or TPAs. The Contracting Affiliations File should only include non-owned entities on whose behalf the Provider Organization contracts. The Provider Organization will also list the Employer Identification Number of each contracting affiliate.

If a question does not apply to the contracting affiliate, the Provider Organization should enter “N/A.” For example, if a contracting affiliate does not have a Doing Business As (D/B/A) Name, the Provider Organization should enter “N/A” in Submission Element RPO-44.

After a Provider Organization has completed all of the fields in the Contracting Affiliations File: Part 1 template, it should save the file with the following name: “Contracting Affiliations File_Part 1_[Provider Organization Name].”

Contracting Affiliations File: Part 1							
Record Type	Submission Element	Data Element Name	Type	Format	Length	Required	Element Submission Guideline
RPO-CON	RPO-43	Legal Name of Contracting Affiliate	Text	Free Text Comment	100	Yes	Enter the legal name of the contracting affiliate.
RPO-CON	RPO-44	Doing Business As (D/B/A) Name of Contracting Affiliate	Text	Free Text Comment	100	No	Enter the D/B/A name of the contracting affiliate, if any.
RPO-CON	RPO-45	Contracting Affiliate Employer Identification Number (EIN)	Integer	##-#####	10	Yes	Enter the 9-digit Employer Identification Number (EIN) for the contracting affiliate.

D. Forms & Supporting Documentation File: Part 1

The Registering Provider Organization must submit a signed copy of the Commission-issued affidavit of truthfulness. This document is available on the Commission's [website](#).

Each Provider Organization's Part 1 materials must be certified by two duly authorized representatives of the Provider Organization, one of whom must be the CEO, COO, CFO, or equivalent. The Provider Organization should print the affidavit of truthfulness form, complete and sign the form, and scan and save the document as a .PDF file with the file name: "Affidavit of Truthfulness_Part 1_[Provider Organization Name]."

Appendix A: IR: Part 1 Application Checklist

This checklist is not required to be submitted to the Health Policy Commission.

- ☐ Background Information File: Part 1 (Microsoft Excel)
 - ☐ All relevant fields have been completed
 - ☐ The file has been saved using the appropriate naming convention: *Background Information File_Part 1_[Provider Organization Name]*
- ☐ Corporate Organizational Chart: Part 1 (.PDF file)
 - ☐ The corporate organizational chart depicts all entities in which the Provider Organization has an ownership or controlling interest, whether clinical or non-clinical, and the Provider Organization's corporate parent(s), if applicable
 - ☐ The corporate organizational chart conforms to all of the requirements described in the Data Submission Manual: Part 1
 - ☐ The corporate organizational chart has been saved as a .PDF file
 - ☐ The corporate organizational chart has been saved using the appropriate naming convention: *Corporate Organizational Chart_Part 1_[Provider Organization Name]*
- ☐ Corporate Affiliations File: Part 1 (Microsoft Excel)
 - ☐ All relevant fields have been completed
 - ☐ The file has been saved using the appropriate naming convention: *Corporate Affiliations File_Part 1_[Provider Organization Name]*
- ☐ Contracting Affiliations File: Part 1 (Microsoft Excel)
 - ☐ All relevant fields have been completed
 - ☐ The file has been saved using the appropriate naming convention: *Contracting Affiliations File_Part 1_[Provider Organization Name]*
- ☐ Affidavit of Truthfulness (.PDF file)
 - ☐ The affidavit has been completed

- ☐ The form has been signed by two duly authorized representatives of the Provider Organization, one of whom is the CEO, COO, CFO, or equivalent
- ☐ The form has been scanned and saved as a .PDF file
- ☐ The form has been saved using the appropriate naming convention: *Affidavit of Truthfulness_Part 1_[Provider Organization Name]*